

INDEPENDENT STUDY CONTRACT

Name _____ Grade _____ Date _____

Duration of Contract (circle one) Semester 1 Semester 2 Year

I. I will study _____

II. The reason for my taking this independent study is: _____

III. An outline of the topics to be studied (*developed cooperatively by student and teacher*) is:

	<u>Outline Topic</u>	<u>Learning Activities</u>	<u>Evaluation of Achievement</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____
F.	_____	_____	_____
G.	_____	_____	_____
H.	_____	_____	_____
I.	_____	_____	_____
J.	_____	_____	_____

(If more space is needed, additional pages may be added.)

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IV. My previous course work and experiences that have prepared me to do this study are:

V. I will meet with my sponsor regularly, as indicated: Interval (Daily, weekly, etc.) _____

VI. When appropriate for attendance purposes, I will check in each day prior to my independent study hour.

VII. A. The cost (if any) to me will be _____

B. The cost (if any) to the school will be _____

C. If there is to be any cost, indicate the nature of the expenses: _____

VIII. I am aware that failure to show sufficient progress within two weeks from the date of acceptance will result in dissolution of this contract.

SIGNED:

WHEN APPROVED, RETURN COPIES AS FOLLOWS:

- White - Student
- Yellow - Sponsoring Teacher
- Pink - Registrar's Office

Student Applicant

Sponsoring Teacher

Date received by Registrar's Office: _____

Parent/Guardian

Approved, if signed below:

Principal or Designee